

VERIFIED MAIL



2002 1000 0005 5622

No Such Number	Released
No Such Unit Number	Deceased
Sufficient Address	Vacant
Moving	No Mail Return
Not Listed	
Unidentified Person	

Claude Nassif, Ph.D.

COLEMAN

ATTENTION 41 L48

TABLE

GREENBERG TRAURIG, LLP
2450 COLORADO AVENUE, SUITE 400E
SANTA MONICA, CALIFORNIA 90404

Lawrence E. Hecox
21 68th Place
Long Beach, CA 90803

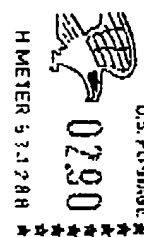
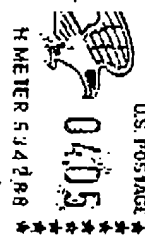
DATE _____

BOX CLOSED NO ORDER
 NO MAIL RECEIPT NO SUCH NUMBER
 ACCEPTED NOT KNOWN VACANT
 NO SUCH STREET MOVED NO ORDER
 INSUFFICIENT ADDRESS DECEASED
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD REFUSED UNCLAIMED
 ROUTE CARRIER

RETURNED
 TO SENDER

HHCC0021 908031021 1N 32 02/02/04
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER



BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Lawrence E. Hecox 21 68th Place Long Beach, CA 90803		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7002 1000 0005 5623 3666		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt 102595-02-M-1540

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